

# HEALTHCARE EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you legally able to work in the US?:  YES  NO

Do you require sponsorship to work in the US?:  YES  NO

Social Security Number: \_\_\_\_\_ Are you over the age of 18?  YES  NO

Washington State Driver's License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

AVAILABILITY						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning D	Morning D	Morning D	Morning D	Morning D	Morning D	Morning D
Afternoon D	Afternoon D	Afternoon D	Afternoon D	Afternoon D	Afternoon D	Afternoon D
Evening D	Evening D	Evening D	Evening D	Evening D	Evening D	Evening D
Night D	Night D	Night D	Night D	Night D	Night D	Night D

What type of work hours are you seeking?:  Full-time  Part-time  Extended Contract  Per Diem only

Are you available to work overtime?:  YES  NO

Are you available to work holidays?:  YES  NO

Are you available to work live-in home care shifts?:  YES  NO

Are you available to work a 24-hour home care shift with sufficient notice?:  YES  NO

Are you available to work live-in home care shifts?:  YES  NO

Are there any specific hours that you are not available for work? If so, please list below:

\_\_\_\_\_

## EDUCATION

Type of School	Name of School	Address	Number of Years Completed?	Major/Degree
High School				
College				
Trade School				
Graduate School				

**BACKGROUND**

If answered YES to any of the following questions, then please provide an explanation of the circumstances, including the underlying facts, place, date, and outcome in the space indicated below.

Have you ever been disciplined, placed on administrative leave and/or suspended pending investigation of allegations of misconduct?: D YES D NO

Have you been convicted of a crime?: D YES D NO

Do you have charges (pending) against you for any crime?: D YES D NO

Have you ever had any license or certificate of any revoked, suspended or reprimanded, or have you in any way been sanctioned by, or is any charge or complaint now pending against you, before any licensing, certification or other regulatory agency, or body, public or private?: D YES D NO

Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physical abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult?: D YES D NO

If answered YES to any of the background questions above, then please explain in this box.

Please list any two references professional references (must have supervised or observed your work).

Name: _____	Name: _____
Position: _____	Position: _____
Email Address: _____	Email Address: _____
Dates reference observed work: _____	Dates reference observed work: _____
Phone: _____	Phone: _____

**EMPLOYMENT HISTORY**

Please list your work experience starting with your most recent employer. (cannot put "see resume")

Employer Name, Address and Phone Number	Name of Last Supervisor	Employment dates	Pay
		From:	Start:
		To:	End:
		Last Job title:	
Job Duties and Responsibilities:		Reason for Leaving:	

Employer Name, Address and Phone Number	Name of Last Supervisor	Employment dates	Pay
		From:	Start:
		To:	End:
		Last Job title:	
Job Duties and Responsibilities:		Reason for Leaving:	

Employer Name, Address and Phone Number	Name of Last Supervisor	Employment dates	Pay
		From:	Start:
		To:	End:
		Last Job title:	
Job Duties and Responsibilities:		Reason for Leaving:	

Employer Name, Address and Phone Number	Name of Last Supervisor	Employment dates	Pay
		From:	Start:
		To:	End:
		Last Job title:	
Job Duties and Responsibilities:		Reason for Leaving:	

<p>Please list any additional skills, qualifications, certifications, or training that you feel is relevant to this position (e.g., speak a foreign language, specialized medical training or special education).</p>

## LICENSES AND SKILLS

<b>Specialty: Check all areas where you have previous work experience</b>		
D Hospital	D Hospice	D Autism
D Pediatrics	D Home Health	D Other
D Private Duty	D Assisted Living	
D Doctor Office/Clinic	D Skilled Nursing Facility (SNF)	
D Mental Health	D Alzheimer's or Dementia	

**Total years of practice experience using current healthcare license/certificate**

D <6 months	D < 1 year	D 1-3 years	D 3-5 years	D More than 5 years
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**List current, unrestricted professional license, certificate, or registration**

Name	State	Number	Issue Date	Expiration Date
CPR/BLS				

Has your license, certificate, or registration ever been suspended or revoked? D YES D NO

Have you ever been disciplined for being unprofessional or unethical in the healthcare field to include abuse or neglect? D YES D NO

If so, explain

### Skills Inventory

	Years of Experience	Training (job)		Years of Experience	Training (job)		Years of Experience	Training (job)
Hospital			Transfer ROM			Geriatric Care		
Skilled Nursing Facility			Bathing and Dressing			Pediatric Care		
Assisted Living Facility			Home Health			Psychiatric Care		
Meal Prep			Vital Signs			HIV/AIDS Care		
Special Diets			Feeding Tube Care			Maternal		
CVA			Warm/Cold Compress			Intellectual Disability Care		
IV Therapy			Respiratory Care			Alzheimer's Care		
Foley Care			Ostomy Care			Oncology/ Hospice Care		
Tracheostomy			Ventilator			Diabetic Care		
Injections (IM)			Injections (SQ)			Injections (ID)		
After-Surgery Care			Wound Care			Wound Drains/Vacs		
Medication Administration			EKG			Front desk/office		
eHealth Records			Supervisor			Other (list)		

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PLEASE READ CAREFULLY

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In exchange for the consideration of my job application by Childress Nursing Services, LLC, (hereinafter called “the Company”) I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed/contracted, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and perform criminal background checks as required by state law. I hereby release the Company from any liability as a result of such contact.

If I drive a vehicle representing the Company for care, I will herein provide the following information:

- Valid Driver’s License
- A copy of car insurance information

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Childress Nursing Services, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Childress Nursing Services depends solely on your qualifications.

Thank you for completing this application form and your interest in our business.